PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

□ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. □ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignee category or categories (will not be printed on the patent); □ individual □ corporation or other private group entity □ government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): 1 D Sauth Tathon of a single firm (having as a member a registered attorney or agents. If no name is listed, no name will be printed. 3 ASSIGNEE NOTE: Unless an assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) 2 Please check the appropriate assignee category or categories (will not be printed on the patent); □ individual □ corporation or other private group entity □ government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): 4c. Payment of Fee(s): 4c. Payment of the fee(s) is enclosed. 4d. Payment by credit card. Form PTO-2038 is attached. 4d. Phylorector is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).				or <u>I</u>	<u>Fax</u> (703) 746-4000)	
Feeting Transmittal. This scrifficate cannot be used for any other accompanying pagers. Each additional pager, such as an assignment of formal drawing, must be proposed as a significant of property of the pages. Each additional pager, such as an assignment of formal drawing, must be proposed as a significant of the proposed as a significant of the pages. Feeting the pages of the pages of the pages of the pages of the pages. Feeting the pages of the pages. Feeting the pages of the p	maintenance fee notificatio	ns.			PUBLICATION FEE (if refication of maintenance fee a new correspondence address	equired). Blocks 1 through 4 is will be mailed to the current ess; and/or (b) indicating a sep	should be completed where it correspondence address as parate "FEE ADDRESS" for
APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/927,276	30621 7 JENSEN + PUN SUITE 1020 2033 6TH AVE	TIGAM, P.S.	OIPE	use Block 1)	Fee(s) Transmittal. papers. Each additi have its own certifi I hereby certify tha States Postal Servic addressed to the M transmitted to the U	This certificate cannot be used on al paper, such as an assignment of mailing or transmission. Certificate of Mailing or Transmit this Fee(s) Transmittal is being the with sufficient postage for find the Mail Stop ISSUE FEE address USPTO, on the date indicated by	I for any other accompanying nent or formal drawing, must Insmission and deposited with the United irst class mail in an envelope is above, or being facsimile elow.
APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 69/927.276 08/10/2001 Chris Macris 7452 TITLE OF INVENTION: HEAT DISSIPATING IC DEVICES APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional YES \$665 \$300 \$965 03/18/2004 EXAMINER ART UNIT CLASS-SUBCLASS PARSONS, THOMAS H 1745 136-201000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.56). ———————————————————————————————————		W.		Ö)
APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/927,276			BADEMA		1/27	, , , , , , , , , , , , , , , , , , , ,	
O9/927,276 O8/10/2001 Chris Macris 7452 TITLE OF INVENTION: HEAT DISSIPATING IC DEVICES APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional YES \$ 5665 \$ 3300 \$ 965 O3/18/2004 EXAMINER ART UNIT CLASS-SUBCLASS PARSONS, THOMAS H 1745 136-201000 1. Change of correspondence address or indication of "Fee Address" (37) CFR 1.563). C'Anage of correspondence address (or Change of Correspondence Address from PTO/SB/1/22) attached. O"Fee Address" indication form reproving a same and the same of a single firm (having as a member a registered attent entroney or agents. If no name is listed, no name will be printed. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent, Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of the form is NOT a substitute for filing an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of the form is NOT as substitute for filing an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of the fee(s) is enclosed. A check in the aurount of the fee(s) is enclosed. A check in the aurount of the fee(s) is enclosed. A pyment by credit card. Form PTO-2038 is attached. Payment by credit card. Form PTO-2038 is attached. Payment by credi	APPLICATION NO.			FIRST NAME	DINVENTOR		CONFIRMATION NO
APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional YES \$665 \$300 \$965 03/18/2004 EXAMINER ART UNIT CLASS-SUBCLASS PARSONS, THOMAS H 1745 136-201000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.365). □ Change of correspondence address (or Change of Correspondence Address form PTO/SBI/12) attached. □ "Fee Address" indication (or "Fee Address" Indication form PTO/SBI/12) attached. □ "Fee Address" indication (or "Fee Address" Indication form PTO/SBI/12) attached. □ "Fee Address" indication for "Fee Address" Indication form PTO/SBI/12) attached. □ "Fee Address" indication for "Fee Address" Indication form PTO/SBI/12) attached. □ "Fee Address" indication for "Fee Address" Indication form PTO/SBI/12) attached. □ "Fee Address" indication for "Fee Address" Indication form PTO/SBI/12) attached. □ "Fee Address" indication for "Fee Address" Indication form PTO/SBI/12) attached. □ "Fee Address" indication for "Fee Address" Indication form PTO/SBI/12) attached. □ "Fee Address" indication for "Fee Address" Indication form PTO/SBI/12) attached. □ "Fee Address" indication for "Fee Address" Indication form PTO/SBI/12) attached. □ "Fee Address" indication for "Fee Address" Indication form proviously submitted to the User To on assignee data is only appropriate when an assignment has been previously submitted to the User To on seeing submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) * Please check the appropriate assignee category or categories (will not be printed on the patent); □ individual □ corporation or other private group entity □ government and the province of the fee(s) is enclosed. □ Payment of Fee(s): ** ** **Dissue Fee ** ** **Dissue Fee ** ** **Dispute for Payents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.	<u> </u>						<u></u>
PARSONS, THOMAS H 1745 136-201000 1. Change of correspondence address or indication of "Fee Address" (37 CFR I.363). Change of correspondence address (or Change of Correspondence Address from PTO/SBV122) attached. Change of correspondence address (or Change of Correspondence Address from PTO/SBV122) attached. Change of correspondence address (or Change of Correspondence Address from PTO/SBV122) attached. Change of correspondence address (or Change of Correspondence Address from PTO/SBV122) attached. Change of correspondence address (or Change of Correspondence Address from PTO/SBV122) attached. Change of correspondence address (or Change of Correspondence Address from PTO/SBV122) attached. Change of correspondence address (or Change of Correspondence Address from PTO/SBV122) attached. Change of correspondence address (or Change of Correspondence Address from PTO/SBV122) attached. Change of correspondence address (or Change of Correspondence Address from PTO/SBV122) attached. 2. For printing on the patent attorneys or agents of up to 2 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registere	APPLN. TYPE	SMALL ENTITY	ISSUE FF	3E	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
PARSONS, THOMAS H 1745 136-201000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address or indication form provide a separate correspondence address form PTO/SB/122) attached. Change of correspondence address or indication form provide a separate correspondence address form PTO/SB/122) attached. Change of correspondence address or indication form provide a separate correspondence address form PTO/SB/122) attached. Change of correspondence address or indication form provide a separate correspondence address form PTO/SB/122) attached. Change of correspondence address or indication form agents of up to 3 registered patent attorneys or agents	nonprovisional	YES	\$665		\$300	\$965	03/18/2004
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). □ Change of correspondence address (or Change of Correspondence Address form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) * Please check the appropriate assignee category or categories (will not be printed on the patent); □ The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. □ Payment by credit card. Form PTO-2038 is attached. □ Reputation Fee □ Payment by credit card. Form PTO-2038 is attached. □ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number □ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number □ Change of correspondence address (or Change of Correspondence address (up to a registered attorneys or agents at attorneys or agents and the names of up to 3 registered attorneys or agents of up to 2 registered attorney or agents of up to 2 registered attorney or agents of up to 2 registered attorneys or agents in the names of up to 2 registered attorneys or agents of up to 2 registered attorneys or agents in the names of up to 2 registered attorneys or agents in the names of up to 2 registered attorneys or agents in the names of up to 2 registered attorneys or agents in the names of up to 2 registered attorneys or agents in the names of up to 2 registered attorneys or agents in the names of up to 2 registered attorneys or agents in the	EXAMINER		ART UNIT		CLASS-SUBCLASS	\neg	
CFR 1.363). □ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. □ "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignee category or categories (will not be printed on the patent); □ individual □ corporation or other private group entity □ government at the following fee(s) are enclosed: 4b. Payment of Fee(s): Xi Issue Fee Xi A check in the annount of the fee(s) is enclosed. Yi Publication Fee □ Payment by credit card. Form PTO-2038 is attached. □ Advance Order - # of Copies □ □ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number □ (enclose an extra copy of this form). Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.	PARSONS,	1745		136-201000			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2038 is attached. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.	CFR 1.363). Change of correspond Address form PTO/SB/1 "Fee Address" indicat PTO/SB/47; Rev 03-02	Correspondence	names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name				
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): 1	3. ASSIGNEE NAME ANI	O RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT	(print or type)		
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies							iate when an assignment has signment.
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies	3				_		
Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.				 -		corporation or other private g	group entity government
Publication Fee Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.	4a. The following fee(s) are	enciosea:			` '	enclosed	
Advance Order - # of Copies							
		Copies		☐ The Direc	tor is hereby authorized by	charge the required fee(s), or	credit any overpayment, to copy of this form).
	Director for Patents is reque	ested to apply the Issue Fee a	nd Publication Fee (Date)	(if any) or to	re-apply any previously pai	d issue fee to the application ide	entified above.

NOTE; The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents. Alexandria, Virginia 22313-1450. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

02/02/2004 JADD02 00000126 09927276

01 FC:2501 02 FC:1504

665.00 DP 300.00 DP